

PATENT APPLICATION SERIAL NO. 10/518409

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/28/2004 LLANDGRA 00000103 10518409

01 FC:1631	300.00	OP
02 FC:1632	500.00	OP
03 FC:1633	200.00	OP
04 FC:1681	250.00	OP

~~02 FC:1632~~

~~-500.00 OP~~

Refund Ref:  
05/24/2005

0030022104

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1002

02 FC:1632

-500.00 OP

5/24/05 A Johnson 2 SALE 1642A  
400.00

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																			
1 Date of Request: <u>24 May 05</u>		2 Serial/Patent # <u>10/518409</u>																																	
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="text-align: center; padding: 2px;">1</td></tr> </table>	1	5 DATE FILED <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="text-align: center; padding: 2px;">12/17/04</td></tr> </table>	12/17/04	6 AMOUNT <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="text-align: center; padding: 2px;">\$ 100.00</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> <tr><td style="text-align: center; padding: 2px;">\$</td></tr> </table>	\$ 100.00	\$	\$	\$	\$	\$	\$	\$	\$	\$
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*